Docket No.: 54644-037 PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Customer Number: 20277

Joan M. CORY, et al. : Confirmation Number:

Serial No.: Divisional of Appl. No.

09/989,206 : Group Art Unit:

Filed: February 06, 2004 : Examiner:

For: NERVE STIMULATOR OUTPUT CONTROL NEEDLE WITH DEPTH

DETERMINATION CAPABILITY AND METHOD OF USE

## INFORMATION DISCLOSURE STATEMENT

Mail Stop Information Disclosure Statement Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

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In accordance with the provisions of 37 C.F.R. 1.56, 1.97 and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached form PTO-1449. It is respectfully requested that the references be expressly considered during the prosecution of this application, and that the references be made of record therein and appear among the "References Cited" on any patent to issue therefrom.

This Information Disclosure Statement is being filed within three months of the U.S. filing date OR before the mailing date of a first Office Action on the merits. No certification or fee is required.

The references were cited by or submitted to the U.S. Patent and Trademark Office in parent application Serial No. 09/989,206, filed November 21, 2001, which is relied upon for an

Serial No.: Divisional of Appl. No.

earlier filing date under 35 USC 120. Thus, copies of these references are not attached. 37 CFR 1.98(d).

Please charge any shortage in fees due in connection with the filing of this paper, including extension of time fees, to Deposit Account 500417 and please credit any excess fees to such deposit account.

Respectfully submitted,

MCDERMOTT, WILL & EMERY

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Date: February 6, 2004

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		APPLICANT Joan M. CO	APPLICANT Joan M. CORY, et al.								
	O-1449)	1	FILING DATE GROUP February 06, 2004								
				U.S. PATE	NT DOCUMENTS	S					
EXAMINER'S INITIALS	CITE NO.	Numi	Document Number ber-Kind Codez (# known)	Publication Da MM-DD-YYY		Name of Patentee or Applicant of Cited Document			Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear		
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OTHER ART (Including Author, Title, Date, Pertinent Pages, Etc.)  EXAMINER'S Include name of the author (in CAPITAL LETTERS) title of the article (when appropriate), title of the item (hook, moreoving)											
INITIALS	The state of the s										
		"A National Survey on Practice Patterns in the Use of Peripheral Nerve Stimulators in Regional Anesthesia", JD VLOKA et al., The Internet Journal of Anesthesiology, Vol. 3, No. 4, 1999.									
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	AMINER		DATE CONSIDERED								

<sup>\*</sup>EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.